

Number of attachments \_\_\_\_\_  
Position number \_\_\_\_\_

# Application for Employment

Employees of Norfolk Botanical Garden and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for \_\_\_\_\_ (one per application) 2. Agency Norfolk Botanical Garden

3. Social Security No. \_\_\_\_\_ (Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name \_\_\_\_\_ 6. Home Phone ( ) \_\_\_\_\_  
Last First Middle

5. Address \_\_\_\_\_ 7. Business Phone ( ) \_\_\_\_\_

City State Zip 8. E-mail Address \_\_\_\_\_

### 9. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

10. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time Part-time Hours/week Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time Part-time Hours/week Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_  
 \_\_\_\_\_

e. Automated word processing (specify equipment) \_\_\_\_\_  
 Typing speed \_\_\_\_\_ words per minute. Shorthand speed \_\_\_\_\_ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.  
 Type \_\_\_\_\_ License Number \_\_\_\_\_ Granted by (licensing board) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. **MISCELLANEOUS (Check all that apply)**

- a. Check which shift(s) you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift hours \_\_\_\_\_
- b. Check which job status you will accept:  Full-time  Part-time (specify) \_\_\_\_\_
- c. Check which employment status you will accept:  Salaried (benefits)  Hourly (No benefits)  Part-time salaried (leave benefits only)
- d. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight.
- e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" \_\_\_\_\_
- f. Are you willing to provide your own transportation if necessary for your employment?  Yes  No.
- g. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- h. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations.  Yes  No If YES, please provide the following:  
 Description of offense: \_\_\_\_\_  
 Statute or ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ ; Date of Conviction \_\_\_\_\_  
 County, City, State of Conviction: \_\_\_\_\_

(For additional convictions write below or use plain paper. Include all information listed above.)

\*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged. Reporting convictions does not automatically prevent employment with Norfolk Botanical Garden.

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

\_\_\_\_ Month \_\_\_\_ Day \_\_\_\_ Year

14. **CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Norfolk Botanical Garden. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Norfolk Botanical to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

Supplementary Experience Form

Social Security Number \_\_\_\_\_ Position Applied For \_\_\_\_\_  
Name \_\_\_\_\_ Announcement Number \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_

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Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
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Phone \_\_\_\_\_  
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## Supplementary Experience Form

Social Security Number \_\_\_\_\_ Position Applied For \_\_\_\_\_  
 Name \_\_\_\_\_ Announcement Number \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
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**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
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 \_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_  
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 Employer \_\_\_\_\_  
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Type of business \_\_\_\_\_  
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 \_\_\_\_\_ Phone \_\_\_\_\_

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<b>Job Title</b> _____	<b>Duties:</b> _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
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Employer _____	_____
Address _____	_____
_____ Phone _____	_____
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Employer _____	_____
Address _____	_____
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Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
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